

FIRE PROTECTION BUREAU  
LICENSING PROGRAMS  
PO Box 42600  
Olympia WA 98504-2600  
(360) 570-3134 FAX: (360) 570-3136



## VERIFICATION OF EMPLOYMENT FOR A CERTIFICATE OF COMPETENCY HOLDER

I, \_\_\_\_\_, the/a \_\_\_\_\_ with  
*the undersigned* *position/title of undersigned*  
\_\_\_\_\_, do hereby swear and attest before a notary public that  
*fire sprinkler contracting company*  
Mr./Mrs. \_\_\_\_\_ is an employee of my company and is currently  
*applicant*  
employed by me as specified below:

- ☐ Full Time – defined as 20 or more hours per week.  
☐ Part Time – defined as 19 or less hours per week.

I, \_\_\_\_\_ can be reached at \_\_\_\_\_ to answer any  
*the undersigned* *phone number*  
questions the Chief of the Washington State Patrol, through the director of fire protection, may have  
regarding this candidate for certification as a Certificate of Competency Holder for my company.

\_\_\_\_\_  
Signature of Undersigned

\_\_\_\_\_  
Title of Undersigned

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Printed Name of Undersigned

Subscribed and sworn before me this, the \_\_\_\_\_ day of the month of \_\_\_\_\_  
*date* *name of month*  
of the calendar year \_\_\_\_\_ .  
*year*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Complete address and contact information for  
Notary Public

Seal of the Notary Public